

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2849AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2008
NAME OF PROVIDER OR SUPPLIER ST PATRICK REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4210 PATTERSON AVE LAS VEGAS, NV 89104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of the annual State Licensure survey conducted at your facility on 11/05/08. This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category I residents, and/or persons with mental illnesses. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 859	<p>449.274(5) Periodic Physical examination of a resident</p> <p>NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p>	Y 859		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 859	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 11/5/08, the facility failed to ensure that 3 of 6 residents received an annual physical (Resident #3, #4 and #5). Findings include: Resident #3 was admitted on 6/24/05. The resident's file lacked an initial physical examination. Resident #4 was admitted on 10/5/07. The resident's file lacked an annual physical examination for 2008. Resident #5 was admitted on 10/12/07. The resident's file lacked an annual physical examination for 2008. Severity: 2 Scope: 3	Y 859		
YA930 SS=F	449.2749(1)(a-j) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the	YA930		

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YA930	<p>Continued From page 2</p> <p>resident's physician and the next of kin or guardian of the resident or any other person responsible for him.</p> <p>(c) A statement of the resident's allergies, if any, and any special diet or medication he requires.</p> <p>(d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes:</p> <p>(1) A description of any medical conditions which require the performance of medical services;</p> <p>(2) The method in which those services must be performed; and</p> <p>(3) A statement of whether the resident is capable of performing the required medical services.</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>(f) The types and amounts of protective supervision and personal services needed by the resident.</p> <p>(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:</p> <p>(1) Upon the admission of the resident;</p> <p>(2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and</p> <p>(3) In any event, not less than once each year.</p> <p>(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident.</p> <p>(i) The name and telephone number of the vendors and medical professionals that provide services for the resident.</p> <p>(j) A document signed by the administrator of the</p>	YA930			

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YA930	<p>Continued From page 3</p> <p>facility when the resident permanently leaves the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/5/08, the facility failed to perform activities of daily living (ADL) assessments on 5 of 6 residents and failed to ensure 2 of 6 residents received the required tuberculosis testing.</p> <p>Findings include:</p> <p>Resident #1's admission date was 7/01/97. The resident's file did not contain an initial or any annual ADL assessments.</p> <p>Resident #3's admission date was 6/24/05. The resident's file did not contain an initial or any annual ADL assessments.</p> <p>Resident #4's admission date was 10/05/07. The resident's file did not contain an annual ADL assessment for 2008 or an annual tuberculosis screening test for 2008.</p> <p>Resident #5's admission date was 10/12/07. The resident's file did not contain an annual ADL assessment for 2008 or an annual tuberculosis screening test for 2008.</p> <p>Resident #6's admission date was 08/15/07. The residents' file did not contain an initial ADL assessment.</p> <p>Severity: 2 Scope: 3</p>	YA930		

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